

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/550033

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/						151		/			
102		/						152		/			
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TOTAL IND.			↓		↓		↓	TOTAL IND.	7	↓		↓	↓
TOTAL DEP.			←		←		←	TOTAL DEP.	110	←		←	←
TOTAL CLAIMS								TOTAL CLAIMS	117				

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